

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>6814</i>	<i>10/24/60</i>
O.I.P.E. CLASSIFIER	<i>Mr</i>	<i>45</i>	<i>10/28</i>
FORMALITY REVIEW	<i>Mr</i>	<i>827</i>	<i>11-13-60</i>
RESPONSE FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>05-09-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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27	✓	✓	
28	✓	✓	
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31	0	✓	
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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